

**NESHAP for Wood Preserving Area Sources
State of North Carolina**

INITIAL NOTIFICATION FORM AND NOTICE OF COMPLIANCE

FACILITY INFORMATION:

Facility Name: _____ Facility ID: _____

Facility Owner/Operator: _____

Facility Street Address: _____

Please note any corrections to the above information, if necessary.

APPLICABLE STANDARD: Wood Preserving Area Sources

Facility Compliance Date: **July 16, 2007** (existing sources) OR upon startup (new sources)

1) Is your facility subject Subpart QQQQQQ? (check one)

☐ Yes

☐ No (Please explain) _____

☐ I am unsure of my applicability status and would like additional information

2) If you checked "YES", then your facility is subject to this GACT. Facilities that are subject to Subpart QQQQQQ must submit a notification of compliance status. Please check the box below that best describes your compliance with this regulation.

☐ Yes. "This facility complies with the management practices to minimize air emissions from the preservative treatment of wood in accordance with § 63.11430."

☐ No "This facility does NOT comply with the management practices to minimize air emissions from the preservative treatment of wood in accordance with § 63.11430."

☐ I am unsure of my compliance status and need additional information on how to comply with this regulation.

Signature of Responsible Person or Company Official:

Date:

(Print): _____

Title:

Please return this form to BOTH the NC Division of Air Quality and the US Environmental Protection Agency at the following addresses:

Teresa Colón
NC Division of Air Quality
1641 Mail Service Center
Raleigh, NC 27699-1641

Gregg Worley
Chief Air Toxics Monitoring Branch
U.S. EPA, Region 4
Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW
Atlanta, GA 30303-3104